

JUVENILE COURT DEPENDENCY APPOINTMENT LISTS  
INSTRUCTIONS AND APPLICATION

The application requirements apply to attorneys seeking to be placed on any appointment lists. Once approved for a panel, applications to remain on the requested panels shall be submitted to the Court for consideration annually by November 1<sup>st</sup> of each year. Applications for new attorneys seeking to be added to any of the panels or for existing attorneys seeking to be added to additional panels they are not presently on will be accepted on an ongoing basis throughout the year.

The application can be located on the Court's website: <https://juvenile-court.org>. Applications and supporting documentation shall be submitted via email to [PanelApplications@juvcourt.hamilton-co.org](mailto:PanelApplications@juvcourt.hamilton-co.org).

The Court will review the applications as they are received and will add and maintain Attorneys on the panels for which they are qualified for, in accordance with the Hamilton County Juvenile Court's Standards, Guidelines, and Regulations, as well as Ham.Co.Loc.R. 15. I understand that panel assignments will be done on a rotation designed to distribute cases fairly and equally to all panel members. I understand that my participation as a panel Attorney is at the discretion of the Hamilton County Juvenile Court and that my participation may be terminated at any time. Further, that the Hamilton County Juvenile Court may require additional training or mentoring based on experience or performance, as determined to be necessary or appropriate.

I hereby agree to notify the Hamilton County Juvenile Court in writing of any change in my contact information, liability insurance, and/or in my personal or professional status that would affect my qualifications to serve in the roles requested.

I hereby agree that I will retain and maintain malpractice insurance in an amount equal to the minimum coverage required by the Ohio Rules of Professional Conduct while engaged as a panel Attorney.

I have been provided a copy of and have read the Standards, Guidelines, and Regulations of the Hamilton County Juvenile Court and by my signature below do hereby agree to adhere to the same.

## **CONTACT INFORMATION**

Enter your basic contact information in the space provided. **Complete sections 2-6 only if there have been any changes to your information since your original application.**

(1) Name: \_\_\_\_\_

(2) Mailing Address: \_\_\_\_\_

Your mailing address will be recorded for purposes of parties seeking service but will not be published without your consent. Please indicate if you consent to the publication of your mailing address: Yes/No

(3) Email Address: \_\_\_\_\_

Your email address will be a primary method utilized for communication by the Court concerning the appointment list and will be recorded for purposes of parties seeking electronic service but will not be published without your consent. Please indicate if you consent to the publication of your email address: Yes/No

(4) Phone Number: \_\_\_\_\_

Your phone number will be a primary method utilized for communication by the Court but will not be published without your consent. Please indicate if you consent to the publication of your phone number(s) and type of phone: Yes/No Cell/Office; Yes/No Cell/Office

(5) Fax Number: \_\_\_\_\_

Your fax number will be utilized by the Court, as needed, and recorded for purposes of parties seeking fax service but will not be published without your consent. Please indicate if you consent to the publication of your fax number: Yes/No

(6) Ohio Supreme Court Number: \_\_\_\_\_

## **REQUIREMENTS FOR ALL APPOINTMENT PANELS**

All applications for the Juvenile Appointment Panel must be accompanied by:

- (1) A copy of the Insurance Policy Declarations page verifying amount and nature of professional liability insurance.
- (2) A copy of Attorney Registration Card, verifying current active registration status with the Supreme Court of Ohio

## **PANELS AVAILABLE**

I meet the necessary qualifications and wish to be placed on the following panels:

- Attorney for parent
- Co-Counsel with less experienced Attorneys/Mentees or complex cases
- Guardian ad Litem for adult parent
- Guardian ad Litem for minor parent
- Guardian ad Litem for child
- Attorney for child

**OTHER OPPORTUNITIES**

I am willing to be involved in a mentee/mentor program and identify in the following role:

- Mentor
- Mentee

**REQUIREMENTS FOR GAL PANEL**

In addition to the requirements above, I certify that I have completed the following required trainings.

- GAL Pre-Service Training pursuant to Sup.R.48. (new applicants)
- Ongoing CLE Training requirements pursuant to Sup.R.48.
- I have attached my CLE transcripts or certificates demonstrating my compliance with Sup.R.48 training requirements.
- I have completed my criminal background check that is performed at the Hamilton County Justice Center and attached the results. The Court will accept a comparable BCI check from other law enforcement agencies. (new applicants)
- I have submitted my request and attached my Central Registry Check with ODJFS results. Anyone residing outside the state of Ohio also must seek a children’s services history from the state in which they reside. (new applicants)
- I have completed my Background Questionnaire and attached a notarized copy of the same. (new applicants)
- I have attached my Civil Background Instructions & Form. (new applicants)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_